

How necessary it is to distinguish between cause and effect—between idiopathic and symptomatic affections—primary and secondary causes—this case fully illustrates.

“Felix qui potuit rerum cognoscere causas.”

---

20. V.

*A Case of Imperforated Hymen.* By R. H. HOOPER, of  
Downton, Wilts, Surgeon-Apothecary.

---

IN July 1816, I was desired by Mrs. H. to see her daughter, of whom she gave the following account: She was seventeen years of age, but had not yet menstruated; for the last twelve months she had been complaining of violent pains in different parts of the body; for which, she was placed under the care of a medical gentleman, who administered medicines, but without relief. She grew gradually worse, and the pains were now become intolerably acute. After a violent fit of pain, a swelling was perceived, and it was supposed that a rupture had taken place, for which she before wore a truss. The pain was very excruciating, and attended with so much sickness and fever, as to make it appear impossible that she could long survive, unless some relief could be given.

From this account I was led to suppose, that it was a case of strangulated hernia; but, on examining the tumour, I was immediately convinced, both by its situation, which was a little below and to the right of the umbilicus, and its size, that this was not the case. On an examination per vaginam, I found the orifice of the vagina dilated, and occupied by a membrane which was slightly protruded; and the labia were more prominent than natural. On pressing this membrane with the point of my finger, a fluctuation was felt, very similar to that which occurs when there is a large collection of the liquor amnii between the membrane and the head of a foetus. I had no longer any doubt but that this was a case of imperforated hymen, and therefore made an opening with a lancet through its whole length, when about a quart of thick uncoagulated menstuous blood was discharged, to the immediate relief of my patient.

I should not have thought it necessary to publish this case, had not considerable doubt been entertained as to the nature of it, and from the mistake of supposing it a rupture, for which a truss was actually applied; an error that might be attended with unpleasant consequences both to the patient and the medical attendant. The general health of this young lady appeared for twelve months previously, not to have been affected very

materially ; indeed she was rather full and plethoric. Whenever the pain was violent, nothing appeared to give so much ease as pressure on the abdomen. The appearance of the enlargement and the attending pains might have deceived a young practitioner, and have led to a suspicion of pregnancy and uterine action. The recollection therefore of the possibility of similar cases to the above, may prove extremely useful, and on that account, this case may be deemed worthy of a place in the *Repository*.

## 21. VI.

*Case of extraordinary Accumulation and Retention of Urine.*

By J. G. DE MERVEILLEUX, JUN., Stamford, Lincolnshire,  
Member of the Royal College of Surgeons in London.

BRIDGET HILL, aged forty-five years, a poor woman belonging to the parish of King's Cliffe, Northamptonshire, seven miles from Stamford, ten days after her delivery was attacked with retention of urine, which had continued five days, when I was called to see her on the 28th of January, 1816. She had frequent vomiting and hiccup, and a weak tremulous pulse beating 100 strokes in a minute. The abdomen appeared as large as in an extreme case of ascites. There was a little urine evacuated a short time before I saw her.

I immediately introduced the catheter, while, as the urine was flowing, an assistant applied steady pressure on the parietes of the abdomen. *Sixteen pints*, as measured by Mr. Wood of King's Cliffe and myself, of dark-coloured and offensive urine were evacuated. Fearful, lest the sudden evacuation of so large a body of fluid might be productive of evil consequences in the reduced state of my patient, I applied a bandage round the abdomen to keep up a gentle pressure; a little aperient medicine was ordered, as there had been no evacuation during the retention; and the tinctura ferri muriatis was given three times a day. The catheter was continued for six days, and on the seventh, the patient was able to void her urine without any assistance. She has since remained in perfect health.

## 22. VII.

*Letter from Mr. RICHARD RAWLINS, Surgeon, &c. Oxford, to One of the EDITORS, on his Invention of the Reflected Forceps.*

SIR, I find, in the *London Medical Repository*, vol. viii. p. 70, Dr. Davis announced as the original inventor of the